OCT 1 6 1985

HE 20.8116:173

MENTAL HEALTH Statistical Note No. 173

Trends in Number of Additions to Mental Health Organizations, United States, 1971, 1975, and 1981

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August 1985

Introduction

This statistical note represents a continuing effort by the Survey and Reports Branch (SRB), Division of Biometry and Epidemiology (DBE), National Institute of Mental Health (NIMH) to provide information on various aspects of the changes that have occurred in the structure and characteristics of mental health organizations in the United States. Shifts have occurred in the volume of services provided by the various types of mental health organizations with respect to psychiatric inpatient, outpatient, and partial care. This report focuses on such shifts, as measured by number of additions to each of these services within different types of mental health organizations between 1971 and 1981.[1]

Sources and Qualification of the Data

The latest data on additions to U.S. mental health organizations were obtained from two inventories sponsored by SRB, DBE, NIMH. These were: (1) the Inventory of Mental Health Organizations (IMHO) conducted with the cooperation of the State mental health agencies in August 1982 to collect data for the year 1981 from State and county mental hospitals, private psychiatric hospitals, residential treatment centers (RTCs) for emotionally disturbed children, freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, and other multiservice mental health organizations; and (2) the Special Survey of Psychiatric/Alcoholism Services conducted jointly with the American Hospital Association in July 1981 to collect data for the year 1980 from non-Federal general hospital psychiatric services and Veterans Administration (VA) psychiatric services. For purposes of this report, 1980 data on the inpatient, outpatient, and partial care services of non-Federal general hospitals and the psychiatric inpatient services of VA medical centers were aggregated with the 1981 data on mental health organizations surveyed through the IMHO.

A high proportion of the mental health organizations covered in these two inventories reported additions either on the survey forms or when subsequently contacted by telephone for followup data collection. In the case of the few organizations for which this information could not be obtained, the data were imputed.[2]

To examine longitudinal changes in additions to mental health organizations, data are also presented from previous NIMH inventories conducted in January 1972 for the year 1971 and in January 1976 covering the year 1975.

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As an aid to interpretation in using the data in this report definitions of terms and qualifications of the data are given in either the footnotes or the appendix.

Trends in Additions to Mental Health Organizations, 1971-1981

Trends 1971-75 -- During the period 1971-75, the number of inpatient,[3] outpatient, and partial care additions to mental health organizations in the United States showed significant gains, with percentage increases of 17, 66, and 118 percent, respectively. Specific key findings (tables 1-3) regarding the patterns of change in additions to mental health organizations over the 1971-75 period are as follows:

- An overall substantial increase between 1971 and 1975 in the number of mental health organizations with inpatient psychiatric services (from 1,913 to 2,273), was accompanied by an increase from about 1.3 million to 1.6 million in the number of additions to these services (table 1). In general, a similar pattern was noted for most of the organization types, with the exception of State and county mental hospitals and multiservice mental health organizations where both the number of inpatient services and additions showed decreases. Federally funded CMHCs, which nearly doubled in number between 1971 and 1975, experienced the largest gain in inpatient additions--more than a threefold increase (table 1).

- With the exception of non-Federal general hospitals, all mental health organizations contributed to a substantial increase in outpatient additions between 1971 and 1975, from slightly over 1.3 million to almost 2.2 million (table 2). This occurred despite the fact that fewer mental health organizations of certain types (namely, State and county mental hospitals, private psychiatric hospitals, RTCs for emotionally disturbed children, and freestanding psychiatric outpatient clinics) had an outpatient service in 1975 as compared with 1971. Numerically, federally funded CMHCs and freestanding psychiatric outpatient clinics contributed the largest portion of the increase in outpatient additions. The decrease in number of psychiatric outpatient services and additions observed for non-Federal general hospitals was probably due, in part, to the affiliation of some of these hospital units with federally funded CMHCs between 1971 and 1975 (table 2).

- As a result of the large increase between 1971 and 1975 in number of mental health organizations with psychiatric partial care services (from 932 to 1,378), the number of additions to these services more than doubled, with an increase from 71,522 to 155,538 (table 3). Federally funded CMHCs and freestanding psychiatric outpatient clinics accounted for most of the increase. Only State and county mental hospitals, freestanding psychiatric day/night organizations, and multiservice mental health organizations showed decreases in partial care additions. In the case of the latter two types of organizations, affiliation of freestanding organizations with federally funded CMHCs reduced the number of organizations that reported separately in previous years (table 3).

Trends 1975-81 -- In contrast to the substantial increases in number of additions to inpatient, outpatient, and partial care services of mental health organizations evidenced between 1971 and 1975, a pattern of change in this trend occurred after 1975. This was first noted in Statistical Note 157,[4] where data presented for the 1975-77 period showed a considerable leveling off in the number of additions to mental health organizations, with percentage increases of only 2 to 4 percent each for additions to inpatient, outpatient, and partial care services. Followup investigations conducted by NIMH at that time did not reveal any obvious reasons for this pattern. With the availability of 1981 data, a partial reversal of the 1971-75 trend was seen. The number of inpatient and partial care additions to mental health organizations each showed a decrease of about 5 percent between 1975 and 1981, while the number of outpatient additions to these organizations maintained a low rate of growth similar to that noted between 1971 and 1975, with an increase of about

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6 percent during the 1975-81 period. Specific highlights describing the changes in the number of additions to mental health organizations between 1975 and 1981 are as follows:

- Inpatient additions to mental health organizations decreased from about 1.6 million to 1.5 million between 1975 and 1981 (table 1). This resulted in an addition rate of 651 per 100,000 civilian population, which was not only substantially lower than the 1975 rate of 737 per 100,000 civilian population, but also slightly smaller than the 1971 rate of 654 per 100,000 civilian population. State and county mental hospitals and the psychiatric inpatient services of VA medical centers accounted for almost all of the decrease in inpatient additions between 1975 and 1981. All other types of organizations showed fairly substantial gains in psychiatric inpatient additions during this period. The largest increases in both number of inpatient services and additions occurred in non-Federal general hospitals and other multiservice mental health organizations. This was partially attributable to the 1981 reclassification of some CMHCs into one or the other of these two organization types[5] (table 1).

- As already noted, outpatient additions to mental health organizations showed a small gain between 1975 and 1981, with an increase from about 2.2 million to 2.3 million additions (table 2). This produced a 1981 addition rate of 1,026 per 100,000 civilian population which was just slightly lower than the 1975 rate of 1,039 per 100,000 civilian population. Between 1975 and 1981, the number of State and county mental hospitals with an outpatient service decreased, accompanied by a 50 percent reduction in outpatient additions to these hospitals. All other types of organizations experienced varying amounts of increase in psychiatric outpatient services and additions between 1975 and 1981. The most significant numerical gains in number of outpatient services and additions were reported for freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, and multiservice mental health organizations. These large increases were partially a result of the 1981 reclassification of some CMHCs into one or the other of these three organization types[5] (table 2).

- Although the number of partial care services in mental health organizations showed a small increase between 1975 and 1981, the number of additions to these services decreased from 155,538 to 146,978 during this period (table 3). Only State and county mental hospitals and RTCs for emotionally disturbed children showed decreases in both number of partial care services and additions; almost all of the other organization types showed fairly substantial increases in both number of partial care services and additions. As was the case with number of outpatient services and additions, the largest increases in partial care services and additions occurred in freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, and multiservice mental health organizations. Again, this was partially attributable to the 1981 reclassification of CMHCs[5] (table 3).

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Footnotes

[1]The mental health organizations covered herein include those organizations listed and defined in the appendix. Omitted from this report are additions to the psychiatric outpatient and partial care services of VA medical centers and to all psychiatric services maintained by other Federal agencies, such as the Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc.

[2]When data on additions for a mental health organization could not be obtained by telephone, data from the most recent prior inventory were used; if these were not available, the data were estimated through regression procedures for organizations covered in the IMHO, and simple inflation was employed for general hospitals covered in the special Survey of Psychiatric/Alcoholism Services.

[3]For purposes of this note, inpatient additions include additions to residential treatment care (see definitions in appendix).

[4]Statistical Note 157, Change in Numbers of Additions to Mental Health Facilities, by Modality, United States: 1971, 1975, and 1977. September 1981.

[5]As a result of the 1981 shift in funding of the community mental health center program from categorical to block grants, the category "federally funded community mental health center" was dropped from the 1981-82 Inventory of Mental Health Organizations. For that survey, organizations that had been previously classified as CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, or psychiatric units of non-Federal general hospitals depending on the types of services they directly operated and controlled.

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Appendix

Definition of Terms

Additions

Additions during the year include new admissions, readmissions, and, for State mental hospitals, returns from long-term leave. It is, therefore, a duplicated count of persons. In counting additions instead of persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular organization during the year. In this case the same person is counted as many times as he or she is admitted. Secondly, the same person may be admitted to two or more organizations during the year. Again, he or she is counted as an admission for each organization to which he or she is admitted. Duplication also occurs because additions are counted independently by program element (inpatient, outpatient, partial care services). A person who is an inpatient in a hospital, released to a partial care program, and then followed as an outpatient, for example, would be counted as having three additions.

Types and Definitions of Mental Health Organizations

Federally funded comprehensive community mental health center (CMHC) -- A legal entity through which comprehensive mental health services are provided to a delineated catchment area. This mental health delivery system may be implemented by a single organization (with or without subunits) or by a group of affiliated organizations which make available at least the following essential mental health services: inpatient, partial, outpatient, emergency care, and consultation and education. Further, one of the component organizations of the CMHC is the recipient of Federal funds under P.L. 88-164 (construction) and/or P.L. 89-105 (staffing) or amendments thereto.

Freestanding psychiatric outpatient clinic -- An organization that provides only ambulatory mental health service. The medical responsibility for all patients/clients and/or direction of the mental health program is generally assumed by a psychiatrist.

General hospital with separate psychiatric service(s) -- A licensed non-Federal hospital or VA medical center that has established organizationally separate psychiatric units with assigned staff for inpatient care and/or outpatient care and/or partial care to provide diagnosis, evaluation, and/or treatment to persons admitted with known or suspected psychiatric diagnoses. If inpatient care is a separate psychiatric service, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a separate building, wing, ward, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

Hospitals in which the psychiatric beds are intermingled with medical or surgical beds are excluded. Hospitals in which the psychiatric beds are used only to hold patients until arrangements are made for transfer to other organizations are also excluded.

Mental health day/night organization -- A freestanding organization offering primarily day or night partial care. It may also provide services in an outpatient program element but does **not** provide services in an inpatient program element.

Multiservice mental health organization -- A mental health organization that provides outpatient care **and** inpatient/residential treatment care in settings that are under the organization's direct administrative control. If inpatient/residential treatment and/or outpatient care are provided on behalf of the organization by other

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mental health organization(s) under contract or through affiliation agreement, the organization is **not** classified as a "multiservice mental health organization," but rather as some other organization type. Administrative control includes financial **and** staffing **and** clinical **and** programmatic responsibility.

Psychiatric hospital -- A public (e.g., State and county, VA) or private organization licensed or operated as a hospital that is primarily concerned with providing inpatient care to mentally ill and emotionally disturbed persons.

Residential treatment center for emotionally disturbed children -- A residential treatment center for emotionally disturbed children must meet **all** of the following criteria:

a. It is an organization, not licensed as a psychiatric hospital, that has as a primary purpose the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients.

b. It has a clinical program within the facility that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.

c. It serves children and youth primarily under age 18.

d. The primary reason for the admission of 50 percent of more of the children and youth are mental illnesses that can be classified by DSM-II/ICDA-8 or DSM-III/ICD-9-CM codes, other than those codes for mental retardation, substance (drug) related disorders, and alcoholism.

Veterans Administration (VA) psychiatric services -- Hospital-based, short-stay and long-stay inpatient psychiatric units operated by VA medical centers.

Types and Definitions of Services (Program Elements)

Inpatient care -- 24-hour care in a hospital setting.

Outpatient care -- Mental health services to ambulatory clients/patients generally provided for less than 3 hours at a single visit, on an individual group, or family basis, usually in a clinic or similar facility.

Partial care -- A planned program of mental health treatment services generally provided in sessions of 3 or more hours to groups of patients/clients. Included are **day/evening treatment programs**, that is treatment programs which place heavy emphasis on intensive, short-term therapy and rehabilitation. Such programs may also provide **day care** and **education and training** (see definitions below), but the critical factor is that they must provide **day/evening treatment.** Excluded are those programs which provide only: **day care** -- programs which focus on sustainment, maximization, or socialization through recreation and/or occupational activities, etc., including sheltered workshops or **education and training** -- programs in which the focus is on change through an integration of education, habilitation, and training including special education classes, therapeutic nursing schools, habilitation and vocational training.

Residential treatment care -- Overnight care in conjunction with an intensive treatment program in a setting other than a hospital.

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Table 1. Number of mental health organizations with an inpatient service (including VA medical centers) and number, percent change, percent distribution, and rate per 100,000 civilian population of inpatient additions to mental health organizations, by type of organization: United States, 1971, 1975, and 1981

Type of organization	Organizations with an inpatient service			Inpatient additions					
	1971	1975	1981	1971	1975	1981	1971–1975	1975–1981	1971–1981
	Number			Number			Percent change		
All mental health organizations	1,913	2,273	2,305	1,336,418	1,556,978	1,482,589	+16.5	- 4.8	+10.9
State & county mental hospitals	321	303	277	474,923	433,529	370,693	- 8.7	-14.5	-21.9
Private psychiatric hospitals	156	182	211	87,106	125,529	162,034	+44.1	+29.1	+86.0
Non-Federal general hospital psychiatric services	653	791	1,059[a]	519,926	543,731	648,205[abc]	+ 4.6	+19.2	+24.7[abc]
VA medical centers	110	112	127	134,065	180,701	162,884[bc]	+34.8	- 9.9	+21.5[bc]
Federally funded CMHCs	287	517	[a]	75,900	236,226	[a]	+211.2	N.A.	N.A.[a]
RTCs for emotionally disturbed children	344	331	239	11,148	12,022	17,703	+ 7.8	+47.3	+58.8
Multiservice mental health organizations	42	37	292[a]	33,350	25,240	121,070[a]	-24.3	+379.7	+263.0[a]
	Percent distribution of inpatient additions			Rate per 100,000 civilian population[d]					
All mental health organizations	100.0	100.0	100.0	654.2	736.5	651.2			
State & county mental hospitals	35.6	27.8	25.0	232.5	205.1	162.8			
Private psychiatric hospitals	6.5	8.1	10.9	42.6	59.4	71.2			
Non-Federal general hospital psychiatric services	38.9	34.9	43.7[abc]	254.5	257.2	284.7[abc]			
VA medical centers	10.0	11.6	11.0[bc]	65.6	85.5	71.5[bc]			
Federally funded CMHCs	5.7	15.2	[a]	37.2	111.7	[a]			
RTCs for emotionally disturbed children	0.8	0.8	1.2	5.5	5.7	7.8			
Multiservice mental health organizations	2.5	1.6	8.2[a]	16.3	11.9	53.2[a]			

[a]See footnote 5 of text.

[b]Data shown are discharges which approximate the number of additions, due to the relatively short lengths of stay in these organizations.

[c]Provisional data for 1980.

[d]The base populations used in the calculation of addition rates were derived from estimates of the U.S. civilian population provided by the U.S. Bureau of the Census for the years indicated.

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Table 2. Number of mental health organizations with an outpatient service (excluding VA medical centers) and number, percent change, percent distribution, and rate per 100,000 civilian population of outpatient additions to mental health organizations, by type of organization: United States, 1971, 1975, and 1981

Type of organization	Organizations with an outpatient service			Outpatient additions					
	1971	1975	1981	1971	1975	1981	1971–1975	1975–1981	1971–1981
	Number			Number			Percent change		
All mental health organizations[a]	2,169	2,205	2,515	1,327,177	2,195,844	2,335,510	+65.5	+ 6.4	+76.0
State and county mental hospitals	238	147	91	129,133	146,078	73,265	+13.1	-49.8	-43.3
Private psychiatric hospitals	100	60	70	18,250	32,879	69,660	+80.2	+111.9	+281.7
Non-Federal general hospital psychiatric services	322	303	529[bc]	282,677	254,665	323,341[bc]	- 9.9	+27.0	+14.4[bc]
Federally funded CMHCs	287	517	[c]	335,648	784,638	[c]	+133.8	N.A.	N.A.
RTCs for emotionally disturbed children	66	57	60	10,156	19,784	20,947	+94.8	+ 5.9	+106.3
Freestanding psychiatric outpatient clinics	1,123	1,076	1,473[c]	484,677	870,649	1,306,451[c]	+79.6	+50.1	+169.5[c]
Mental health organizations[e]	33	45	292[c]	66,636	87,151	541,846[c]	+30.8	+521.7	+713.1[c]
	Percent distribution of outpatient additions			Rate per 100,000 civilian population[d]					
All mental health organizations[a]	100.0	100.0	100.0	649.7	1038.8	1025.9			
State and county mental hospitals	9.7	6.7	3.1	63.2	69.1	32.2			
Private psychiatric hospitals	1.4	1.5	3.0	8.9	15.6	30.6			
Non-Federal general hospital psychiatric services	21.3	11.6	13.8[bc]	138.4	120.5	142.0[bc]			
Federally funded CMHCs	25.3	35.7	[c]	164.3	371.2	[c]			
RTCs for emotionally disturbed children	0.8	0.9	0.9	5.0	9.4	9.2			
Freestanding psychiatric outpatient clinics	36.5	39.6	56.0[c]	237.2	411.8	573.9[c]			
Mental health organizations[e]	5.0	4.0	23.2[c]	32.6	41.2	238.0[c]			

[a]Excludes VA medical centers.
[b]Provisional data for 1980.
[c]See footnote 5 of text.
[d]See footnote d, table 1.
[e]Includes day/night organizations and other multiservice organizations not elsewhere classified.
N.A. - Not applicable

Table 3. Number of mental health organizations with a partial care service (excluding VA medical centers) and number, percent change, percent distribution, and rate per 100,000 civilian population of partial care additions to mental health organizations, by type of organization: United States, 1971, 1975, and 1981

Type of organization	Organizations with a partial care service			Partial care additions					
	1971	1975	1981	1971	1975	1981	1971–1975	1975–1981	1971–1981
	Number			Number			Percent change		
All mental health organizations[a] ..	932	1,378	1,489	71,522	155,538	146,978	+117.5	- 5.5	+105.5
State and county mental hospitals	134	118	62	16,554	14,205	8,302	-14.2	-41.6	-49.8
Private psychiatric hospitals ...	72	77	71	1,894	3,165	6,122	+67.1	+93.4	+223.2
Non-Federal general hospital psychiatric services	174	176	340[bc]	11,563	14,216	38,084[bc]	+22.9	+167.9	+229.4[bc]
Federally funded CMHCs	287	517	[c]	21,092	94,092	[c]	+346.1	N.A.	N.A.
RTCs for emotionally disturbed children	60	106	64	994	3,431	2,232	+245.2	-34.9	+124.5
Freestanding psychiatric outpatient clinics	146	314	662[c]	10,642	21,928	59,988[c]	+106.1	+173.6	+463.7[c]
Other mental health organizations[e]	59	70	290[c]	8,783	4,501	32,250[c]	-48.8	+616.5	+267.2[c]
	Percent distribution of partial care additions			Rate per 100,000 civilian population[d]					
All mental health organizations[a] ..	100.0	100.0	100.0	35.0	73.6	64.6			
State and county mental hospitals	23.1	9.1	5.6	8.1	6.7	3.6			
Private psychiatric hospitals ...	2.6	2.0	4.2	0.9	1.5	2.7			
Non-Federal general hospital psychiatric services	6.2	9.2	25.9[bc]	5.7	6.7	16.7[bc]			
Federally funded CMHCs	29.5	60.5	[c]	10.3	44.5	[c]			
RTCs for emotionally disturbed children	1.4	2.2	1.5	0.5	1.6	1.0			
Freestanding psychiatric outpatient clinics	14.9	14.1	40.8[c]	5.2	10.4	26.3[c]			
Other mental health organizations	12.3	2.9	22.0[c]	4.3	2.1	14.2[c]			

[a]Excludes VA medical centers.
[b]Provisional data for 1980.
[c]See footnote 5 of text.
[d]See footnote d, table 1.
[e]Includes day/night organizations and other multiservice organizations not elsewhere classified.
N.A. - Not applicable

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